

Entered -09-14-00 - sb  
**CL 00L0565 - GWENDOLYN BURNS**

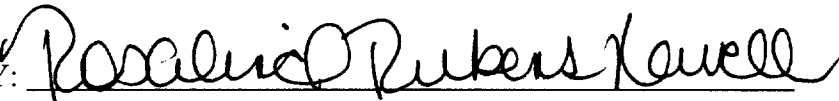
CLAIM OF:

**DARLENE S. SLATE  
1029 Echo Valley Court  
Loganville, Georgia 30052**

**01-*R*-0388**

For vehicular damages alleged to have been sustained from a construction cut that was left open and in an unsafe condition on August 22, 2000 at 818-820 Ponce de Leon Avenue, NE.

THIS ADVERSED REPORT IS  
APPROVED

BY:   
ROSALIND RUBENS NEWELL  
DEPUTY CITY ATTORNEY

**DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY**

Claim No. 00L0565

Date: February 27, 2001

Claimant /Victim DARLENE S. SLATE  
BY: (Atty) (Ins. Co.) \_\_\_\_\_  
Address: 1029 Echo Valley Court, Loganville, Georgia 30052  
Subrogation: \_\_\_\_\_ Claim for Property damage \$ 406.11 Bodily Injury \$ unspecified  
Date of Notice: 9/6/00 Method: Written, Proper X Improper \_\_\_\_\_  
Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X  
Date of Occurrence 8/22/00 Place: 818-820 Ponce de Leon Avenue, NE  
Department \_\_\_\_\_ Division \_\_\_\_\_  
Employee involved \_\_\_\_\_ Disciplinary Action: \_\_\_\_\_

NATURE OF CLAIM: Claimant alleges that her vehicle sustained damage when she drove through a sink hole in the roadway that was under construction and left in an unsafe condition. An investigation determined that Atlanta Gas Light performed work at the incident location. Claimant has been advised of same and her claim has been forwarded to the utility company for resolution.

**INVESTIGATION:**

Statements: City employee \_\_\_\_\_ Claimant \_\_\_\_\_ Others X Written \_\_\_\_\_ Oral X  
Pictures \_\_\_\_\_ Diagrams \_\_\_\_\_ Reports: Police \_\_\_\_\_ Dept Report \_\_\_\_\_ Other X  
Traffic citations issued: City Driver \_\_\_\_\_ Claimant Driver \_\_\_\_\_  
Citation disposition: City Driver \_\_\_\_\_ Claimant Driver \_\_\_\_\_

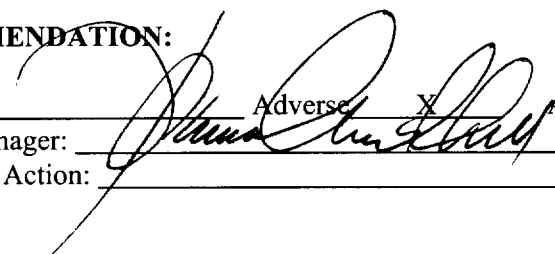
**BASIS OF RECOMMENDATION:**

Function: Governmental \_\_\_\_\_ Ministerial \_\_\_\_\_  
Improper Notice \_\_\_\_\_ More than Six Months \_\_\_\_\_ Other X Damages reasonable \_\_\_\_\_  
City not involved X Offer rejected \_\_\_\_\_ Compromise settlement \_\_\_\_\_  
Repair/replacement by Ins. Co. \_\_\_\_\_ Repair/replacement by City Forces \_\_\_\_\_  
Claimant Negligent \_\_\_\_\_ City Negligent \_\_\_\_\_ Joint \_\_\_\_\_ Claim Abandoned \_\_\_\_\_

Respectfully submitted,

  
INVESTIGATOR - GWENDOLYN BURNS

**RECOMMENDATION:**

Pay \$ \_\_\_\_\_ Adverse X Account charged: 1A01 \_\_\_\_\_ 2J01 \_\_\_\_\_ 2H01 \_\_\_\_\_  
Claims Manager:  Concur/date 03-01-01  
Committee Action: \_\_\_\_\_ Council Action \_\_\_\_\_

COUNCIL OF THE CITY OF ATLANTA  
MUNICIPAL CLERK

City Hall  
55 Trinity Avenue, S.W.  
Atlanta, Georgia 30335

RE: CLAIM FOR DAMAGES

Today's Date: 8-28-00 *DN*

Dear Municipal Clerk:

ENTERED - 9-14-00 - SB  
00L0565 - GWEN BURNS

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ \_\_\_\_\_ property and/or \$ \_\_\_\_\_ bodily injury for which I contend the City is liable.

1. Date of incident: 8-23-00 (month/day/year) 2. Time of Incident: 8:45 am 3. Police called: Yes ☒ No

4. Location of incident (including street address): Ponce de Leon Avenue near City Hall East

5. Name of your insurance company: Allstate Policy No. \_\_\_\_\_

6. State what and how incident occurred: I was on my way to work going down Ponce de Leon Ave when I noticed that the metal cover had slid off the path. There was some electrical work being performed so the pot hole was quite deep. I could not change lanes due to traffic so I drove over the

7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!

8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).

Your vehicle: Galat 98 Darlene S State  
(Make) (Year) (Tag Number) (Driver's Name)

City vehicle: \_\_\_\_\_  
(Make) (City Driver's Name) (Department/Bureau)

9. Witness: \_\_\_\_\_  
(Name) (Address) (Telephone Number)

10. The acknowledgment of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).

11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Gwen Burns  
Signature of Claimant

Darlene S State  
(Print Claimant's Name)

1029 Echo Valley Court  
(Address)

Loganville, Ga 30052  
(City, State and Zip Code)

404 853-8000 770 466-3407  
(Work Number) (Home Number)

01-R-0388